



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

Please check if this is an update to	a previously filed statement for the calendar y	veor 2007
	LEGISLATOR INFORMATION	(GGI 2007).
Name Karl W. T	urner	Member of: ☐ House ☐ Senate
Karl W. T Mailing address 16 Town La	District # //	
City, zip code	Phone 829-6427	
with the transfer the first term of the contract of the first field of the field of the first field of the f	COME DERIVED FROM EMPLOYMENT BY	
List the name and address of each en principal type of economic activity of each	nployer from whom you received compensate chemployer.	tion of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
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		annine view (e.m.). It is the discovere contribute (in the first f
	INCOME DERIVED FROM SELF-EMPLOYI (For Legislators who are self-employed.)	
A. List the name and address of your derived income. If associated with a pareas of economic activity of that entity.	r business, if any, and list the major areas of artnership, firm, professional association, or s	of economic activity from which you similar business entity, list the major
Name and Address of Business E	Intity Major Areas of Economic Activ	Major Areas of Economic vity Activity (partnership, association or similar business entity)
Name: Address:	/one	
Name: Address:		en e

PART 2 (continued). INCOME DERIVED FR (For Legislators who are self-em	OM SELF-EMPLOYI ployed.)	MENT	<i>P</i> 2		
B. List each source of income derived from self-employment that represents m is greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional eth the entity or person from whom the income was derived.	rson from whom you de	erived such income.	If this form of		
Name and Address of Source		Principal Type of Activity of Entity or is the Source of	Person Who		
Name:	•				
Address:					
Name:					
Address:		·			
PART 3. MAJOR AREAS OF (For Legislators who are attorneys a	有限 经债券 医乳腺性溃疡 医二氏结束 化二氯化二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二				
List your major areas of practice. If associated with a law firm, list the major are	- AND CONTRACTOR OF THE PROPERTY SPECIAL				
Name and Address of Firm	Major Areas of Pract (self)		s of Practice rm)		
Name: Address:	and the second				
Name:					
Address:			Consideration Character As At		
PART 4. OTHER SOURCES Of List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this		gifta Ifrana shaak	the box		
	Tom. Do not include (gins. Thone, check	the box.		
□ None		Kind of Inc			
Name and Address of Source		(investments, lea			
Name: ARTha Insume (Americs of BKB & IAM of Address: HAPTford, Lown	: Tremant]	Retirement			
Address: Hartfund, Loww		/\elivement	•		
Name: Eidehly		Invesiments			
Address: 305 FON, MA	1				
PART 5. REPORTABLE LIA	BILITIES				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list loans from a relative. If n	received during the renone, check the box	eporting period, and	list the major		
None					
Name and Address of Greditor		Principal Type of Activity of Cr			
Name:					
Address:	1				
Name:					
Address:					
PART 6. REPORTABLE O	GIFTS				
List the specific source of each gift of more than \$300. Include gifts with an ago none, check the box	1 325 75 1	han \$300 from a sin	gle source. If		
None Name of Source of Cift	N1_dian	of Cit	A SAMA SAMA SAMA AND AND AND AND AND AND AND AND AND AN		
Name of Source of Gift 1. 3.	Name of Sc	ource of Gift	mary vi sy amine s and		
2	A service with a real research research from the service of the service of	All all and the second sections are an experience of the second section sections and the second section sections are second sections as the second section sec			

PART 7 REPORT	TABLE HONORARIA
List the source of any honoraria accepted for appearances or speed	<u>₹ 5.50 € 1.50 €</u>
None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
PART 8. REPRESENTATION	N BEFORE STATE AGENCIES
	or assisted others for compensation of any amount. If none, check
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. BUSINESS W	MITH STATE AGENCIES
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	our immediate family sold goods or services with a value in excess of
None	:
Name of Agency	Name of Agency
1,	3.
2.	4.
PART 10. INCOME RECEIVED BY	MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	ome of \$1,000 or more received by your spouse or dependent child ed. Do not include gifts. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Recei	Circle Rind of Income letter
1. Corporate Director	(S) D Fees
2. Investments	S D Interest, Dividends, GAINS
3. Investments	s D יו יו יו
4.	S D
SIGNA	ATURE
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ubject to a fine of \$10 per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If willfully filed a false statement, it shall refer its findings of fact to the	f the Commission concludes that it appears that a Legislator has the Attorney General.
	d to file a required statement or has willfully filed a false statement,

the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Kaul W. Turner

Signature

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	-	-		ADDITI	ONAL INF	ORMAT	ION					
Please provide a information you a	any additional are providing.	information	below (and on a	additional :	sheets i	f needed).	Indicate	the part o	r section	number	for the
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